



ST. BEDE THE VENERABLE
H.S. Youth Ministry Volleyball Registration
 1071 Holland Road, Holland PA, 18966
 2012

Player's Last Name _____ First Name _____

Street Address: _____ City: _____ Zip _____

Phone: _____ Student's Cell # _____

- SHIRTS -**
- 1) SELECT COLOR: GREEN _____ BLACK _____ GOLD _____
- 2) SIZE (CIRCLE ONE) - AS AM AL AXL AXXL

Grade in March 2012: ____ DOB: _____ Sex: M / F School Attending _____

List players you would like to be placed on a team with (we will make every effort to accommodate your request especially if you must travel together or are siblings) _____

Parish you are a registered member of: _____ Religion _____

Mother's Name: _____

Home Phone # _____ Cell # _____ Work # _____

Father's Name: _____

Home Phone # _____ Cell # _____ Work # _____

Parent E-mail address _____

Preferred E-Mail address for team contact matters _____

EMERGENCY CONTACT (other than parent. In case we are unable to contact parent) _____

Telephone H _____ W _____ C _____

Health Conditions: _____

Please identify any health condition our Coaches should be aware of: i.e. ASTHMA, FOOD ALLERGIES, etc.

Note: A Medical Release form MUST accompany your registration.

Parent willing to help (what capacity) _____

Registration FEE: \$45.00 per child Family Max Fee \$110.00
 (Make all checks payable to St. Bede)

Total Number of children registering: ____ Total Cost: _____

Cash _____ or Ck # _____ Date _____ Reg. by: _____

All registration must be paid in full for the child to be officially registered.



St. Bede the Venerable
H.S. Coed Volleyball 2012
Policies and Legal Liability Waiver

1. All players must wear proper footwear.
2. St. Bede Volleyball has a zero tolerance policy regarding negative behavior of our players, coaches and parents. Any misconduct will be reviewed by the Priest Moderator and/or the Pastor, and significant violations by a participating player may result in suspension or termination from participation in the program.
3. The applicant and parent(s) agree that neither St. Bede nor any Coach or volunteer participating in the volleyball program will be held responsible for any accident, personal injury or loss occasioned by participation in the Youth Ministry Volleyball program including but not limited to participation in practices and games.
4. I agree that I shall provide health insurance or any other applicable insurance to cover any and all personal injury sustained by my child while participating in activities of the St. Bede youth ministry volleyball program. I understand that the sport of volleyball involves a risk of personal injury. I hereby release and forever discharge St. Bede and its volunteer coaches from all demands, causes of action, suits or liabilities for personal injury that may result from participation in this program. I have read and fully understood this Waiver and Release and have executed it voluntarily.
5. I give my permission for my child's picture to be taken as a part of Youth Ministry Volleyball Program and to be used in any promotion of parish youth activities including the parish bulletin, Youth Ministry newsletter, parish website and the Youth Ministry website.
6. I give my permission for my child to be contacted by his/her coach, the volleyball commissioner and/or the parish Youth Minister on his/her cell phone for Volleyball related matters.

Player's name: _____

Parent's signature: _____

Date: _____



St Bede the Venerable H.S. Coed Volleyball Parent/Player Agreement



Sports is one component of a parish's comprehensive youth ministry program which enables the partnership of parents, coaches, priests, teachers, and adult leaders to manage and support a sports program that allows youth to grow in their relationship with God and come to better understand themselves and the Catholic faith. Therefore, to ensure that everyone involved is aware and concurs with the Archdiocese of Philadelphia's mission statement, the below agreement must be signed by all parents/guardians and players involved with the St Bede Volleyball team.

Practices

Practice is an important element in volleyball development. Parents/guardians and players are expected to ensure players:

Notify the coach of an anticipated absence well in advanced of the practice, whenever possible;

Are at the court ready for practice no less than 5 minutes before the start time;

Are prepared (this includes proper training gear including shorts, t-shirt, sneakers and other appropriate apparel for volleyball);

Treat their coaches, teammates and parents/guardians with respect.

Parents / Guardian to pick up participants on time after practice, unless the player has driven himself or herself to practice; .

Respect the property of St. Bedes and all parishes at which they will play.

Games and Tournaments

The focus of the season is the growth of the individual spiritually, socially and athletically. It is crucial for the team to be properly warmed up and briefed by the coach prior to the tip-off of the game. As such parents/guardians and players are expected to:

Notify the coach of an absence well in advance of a game, whenever possible.

Be at the court no less than 15 minutes, ready to play, and prior to the scheduled start time. Note that the coach may ask you to be there earlier;

Be prepared (this includes proper game gear including shorts, t-shirt, uniform, sneakers and other appropriate apparel for volleyball);

Have somebody they trust (other than the coaches) on hand in case of injury or sickness.

Team Meetings

Parents/guardians and players are expected to attend every team meeting as requested by the coaching staff. Parents are welcome, and encouraged, to attend practices and games.

Court/Gym Sideline Behaviour

In particular parents/guardians are expected to adhere to the following rules when attending a game or practice. This includes before, during and after the session.

DO encourage your child.

DO encourage the team.

DO treat the other team, the referee and other parents with respect.

DO set a good example for the players. Refrain from smoking or other inappropriate activities in the vicinity of the court/gym.

DO NOT instruct the players.

DO NOT speak to or question the referee.

DO NOT use foul or abusive language.

DO NOT questions the player choice or tactics of the coach.

DO NOT criticize the coach or the players.

All Family and Friends must adhere to the fore mentioned behavior policies. Failure to do so will result in removal from the gymnasium.

On Court Behavior

Players are expected to:

Treat their coaches, teammates, opposing players, referees and parents/guardians with respect;

Come prepared to work hard and learn;

Refrain from using foul and abusive language;

Play as a team; and

Maintain the proper perspective concerning what this league is about, that is, positive social interaction with friends and students from other parishes.

Concerns

St Bede has an open door policy for concerns. Problems will be identified and dealt with at the earliest possible time.

Concerns should be voiced to the following members of St. Bede Volleyball. It is important that the concerns be voiced in the following order:

Coach

Youth Minister

Priest Moderator

Note that the best ways to contact the coach are through email, by phone or after practice, not before, during or immediately after a game.

Consequences

If for any reason these guidelines are not followed by the parents/guardians or player, any one or all of the following steps may be taken by the coach or St. Bede.

Ask the parent/guardian to leave the court/gym

Ask the parent/guardian to no longer attend games and practices.

Remove the child from the team.

Gym/Court

Please respect our court/gym. After all practices and games please put all trash in the trash cans located around the court/gym.

Agreement

We hereby agree to follow the rules set out in this agreement and are aware of the consequences which may result in the event of non-compliance.

Parent/guardian(s)

Name (please print)

Signature

Date

Name (please print)

Signature

Date

Player

Name (please print)

Signature

Date



**St. Bede the Venerable
Youth Ministry Program
Medical Information & Liability Release**

Please print and complete all areas.

Student Name _____ Birth Date _____

Address _____ Home Phone _____

EMERGENCY TELEPHONE NUMBERS:

Phone numbers where our youth ministry leader can reach a parent or an emergency contact person (other than parent) for the student named above during scheduled events.

Parent/Legal Guardian: _____ Cell/Work _____

Emergency Contact: Name/Relationship to teen _____ Phone _____

MEDICAL INSURANCE CARRIER:

Parent/Guardian's Insurance Group Name _____

Insurance ID Number _____ Group Number _____

MEDICAL INFORMATION:

Family physician's Name _____ Phone _____

- Date of last tetanus shot: _____

Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

- Food _____ Drug _____ Animal _____ Other _____

- Does your child need to have our program activities limited in any way (please explain)

- My child requires the following medicine: _____ Frequency _____

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St. Bede's Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

Signature of Parent/Legal Guardian Date _____

This form must be returned for registration to be completed.